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Mr. Spencer
Cynanche Maligna
March 8th 1822
216 Washington St. Mrs Dun

James Spencer - Virg.a

Cynanche Maligna

admitted March 25th 1822.

Dissertation
on
Cynanche Maligna.

By

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Cynanche Maligna
or
Malignant Sore Throat.

This disease is sometimes Epidemic. It attacks persons of all ages, but more commonly those in a young and infant state.

This disease is usually attended with considerable pyrexia, and the symptoms of accession to this; such as frequent cold shiverings, sickness, anxiety, and vomiting are often the first appearances of the disease, there is also a dejection of spirits there is sometimes a pain in the head. Sensations of heat and chillness succeed each other untill the stage of excitement is fully developed. In some cases of the disease in children it is sometimes pretty much advanced before the child expresses much uneasiness. The fauces and throat upon examination appear inflamed. The fever is intense and proceeds with impetuosity. Specks are soon visible on the inflamed fauces, they are at first of a deep red colour and afterwards of a

white or ash colour, and lastly of a brown or blackish colour there is frequently an efflorescence on the skin, but this latter is not always an attendant symptom. But in the more formidable cases the disease ends mortally before the throat passes through these gradations; and in general it is only when the fever is lengthened to the third or fourth day that there are ill conditioned sloughs, with an ~~[illegible]~~ acrid discharge from them and from the nostrils.

Soon after the stage of excitement is developed, the pulse is rapid and vibratory, there is sometimes a determination of blood to the brain which speedily produces a redness of the eyes intolerance of light throbbing pain in the head, tinnitus aurium, watchfulness and confusion of the mind, or delirium. But the head is sometimes much less affected and throughout the whole stage of excitement the patient complains of soreness about the throat, and difficult deglutition, also a soreness and heat in some of the abdominal viscera, accompanied with tension, fullness and constipation of the bowels, with a short, quick, and anxious breathing, very rapid pulse, and considerable irritability and flatu-

-lency of the Stomach. In other cases neither the head nor abdominal viscera seem so decidedly affected as above described, but the greatest affection appears to exist in some part of the pulmonary system, and particularly the Trachea.

But whatever parts may be affected the stage of excitement soon gives way and is followed by that of collapse, in which the heat is greatly diminished the general powers fail, the pulse becomes weaker and quicker the skin more lax, the tongue fouler and the respiration more laborious; in a word, all those symptoms called putrid and malignant make their appearance. In the last stage the patient sinks under convulsions, vomiting or suffocation according to the organs affected. But in whatever mode death approaches there is always in the beginning of the disease a marked and unequivocal stage of general and high excitement to which the appearances of extreme debility and putrescency of the last stage may be traced as mere consequence. It is this acutely inflammatory form of the disease that has been denomin-

they are simply the products of previous inflammation and to consider them in any other light would give us most erroneous views of the nature and treatment of both of these diseases. In all ~~cases of~~ violent cases of Cynanche maligna the extremities are cold great heat about the chest and forehead, the face very considerably flushed; in the afternoon the exacerbation is considerable and is sometimes attended with delirium. in the morning there is considerable remission so as to induce the nurse or attendants to believe that the patient is getting well, but about noon comes on the whole of the symptoms are much increased or aggravated. In some cases there is an affection of the parotid or submaxillary glands: with these symptoms there is frequently a Coryza that excoriates the nostrils and adjacent parts. If by any means, either natural or artificial the excitement should be calmly moderated the morbid action subsides without derranging the structure of any vital parts, and of course the patient is restored to health: But if the excitement

be allowed to run on and should not be moderated it generally advances untill it produces the disorganization of some important part, and is then succeeded by fatal collapse.

In Scarlatina the excitement proceeds to the second or third week before it occasions a mortal lesion. But in the more agreeable forms of tonsilitis Maligna as the excitement runs much higher, so it terminates life much sooner by disorganizing some vital organ. It is the opinion of Dr Chapman that there is no specific difference between scarlet fever and tonsilitis maligna, of which there can be no doubt. But Scarlet fever does sometimes exist without any, or but slight affection of the throat. I have seen several cases of the disease in which the patient did not complain of any affection of the throat.

Scarlet fever attacks adults as often as children, while, on the other hand tonsilitis maligna is almost peculiar to children. And it is often serious for me to be called, though it is more frequently

an atmospheric cause. I have frequently seen it evinced themselves by convulsions, the throat, or the hypotopical affection, and sometimes under the internal derangements which are always the concomitants of this disease. From a cautious survey of the symptoms of this disease during life, and from the examination of several bodies after death, I think I am warranted in stating that the brain, the stomach, the liver, the lungs and the intestines are most frequently affected in Cynanche Maligna, and that inflammation in some one of these parts, together with the affection of the throat is generally the cause of death.

It is improper to impress any particular symptom which uniformly accompanies any fever or disease. But, on the contrary, it is equally improper to fix the attention so exclusively upon that particular part as to withdraw it from any others of more importance. It must not be understood from these remarks that I mean to depreciate in the least degree an attention

to the throat and fauces; for on the other hand, which they cannot be too narrowly watched; not only with a view to repress the inflammation, but to prevent it from spreading to the adjacent parts. If, moreover, it be noticed that the extension of the respiratory organs is also affected in this disease, the observation should be instantly directed to the pulmonary organs, and specially to the mucous membrane of the trachea which is not unfrequently affected.

I shall now speak more particularly of the congestive form of this disease.

If there is any efflorescence of the skin which is not an unfavourable symptom in the inflammatory form it may be remarked that however striking may be the contrast between the condition of the throat & the pyrexia, a similar condition does not prevail between the condition of the efflorescence and that of the throat; for there is sometimes a considerable affection of the throat, when the fever is partial and even evanescent. The efflorescence is neither so

much diffused nor of so livid a colour as in the inflammatory form of the disease. and it is rather more liable to disappear, and leave a sickly pallid of the face. nor are the lips and edges of the tongue of so bright a colour as in the inflammatory state. Soon after the commencement of this stage the mind is often much disturbed. the patient is in a state of dullness and confusion. the eyes sometimes appear vacant, and the pupils dilated. Yet in some instances the intellect appears clear for a time though uneasiness is always felt in some of the viscera, and often [illegible] of [illegible] the seat of the disease.

Delirium is not very common at first, but very often ~~[illegible] often~~ appears afterwards, and is generally a conspicuous ~~[illegible]~~ symptom in the advanced stage. The tongue becomes much fouler, the stomach is flatulent, [illegible] or [illegible], and [illegible] complete: the pulse [illegible] [illegible] of the tongue, [illegible] the stomach [illegible] [illegible] in [illegible] [illegible] [illegible] [illegible] [illegible]

of bile. The pulse is low and variable. This form of the disease is sometimes protracted to the ends of several days; when it ends successfully the recovery is very slow, owing to the great collapse which succeeds to the state of imperfect excitement. If it be not actively treated soon after the attack, the most fatal symptoms [illegible] some sudden [illegible] of the brain, lungs, or other important parts, [illegible] of these symptoms be not speedily arrested they may gradually or suddenly [illegible] or low muttering delirium, by vomiting, purging, or apparent suffocation, according to the part most affected.

Towards the conclusion of this disease there are frequently appearances of inky petechiæ oozing of black blood from the nose & the like

Treatment. [illegible] is perhaps more rapid in its progress than this; or at least than the more inflammatory forms of it. When, therefore the excitive stage is once fairly revealed it is absolutely necessary to act with the greatest decision, since every

moment of time is the most precious. If it [illegible] be allowed to proceed any length of time without being checked it occasions the lesion of some important parts, and the [illegible] of the [illegible] form. We should generally ~~treat~~ commence the treatment with an emetic and for this purpose should select the tartarized Antimony or that in combination with Opium [illegible] effectual.

[illegible] we should not [illegible] to prompt & copious [illegible] [illegible] the [illegible]. If the first [illegible] should be tried [illegible] not [illegible] leeches to the [illegible], or cupping [illegible].

[illegible] much determination of blood to the [illegible] should be kept constantly [illegible], to

application of cool water and vinegar to it will be found very serviceable. After bleeding we should endeavour to get the bowels freely and frequently open by [illegible] or calomel and perhaps it will be some one of the neutral salts. Calomel appears better adapted to this disease than any medicine which we can employ.

The discharge from the bowels appear of a [illegible] or black colour, and the patient is hard to operate on requiring large doses, and sometimes a frequent repetition [illegible] they operate freely.

[illegible]

[illegible] waters, and the mucilaginous drinks, such as linseed [illegible] the discharges become bloody we should use the Castor oil and leave off the use of Calomel for a time, after reducing [illegible] effect within 24. or 30. hours after the first attack. [illegible] from what I have seen, of this disease that nothing short [illegible]

[illegible]

The first thing to be done is to im[illegible] to prevent the recurrence of it [illegible]

[illegible]

[illegible]

[illegible]

preferable, the Senega sometimes answers a good purpose. Opium is highly useful here, as in all diseases of a similar nature. The Barks and various other tonics have been used, far too numerous for me to detail here

In bringing my observations to a close I must say that the partial application of the means above recommended would not answer in the highly inflammatory stages, and their use would be inevitably mortal.

Upon the same principle if we use a moderate bleeding in a violent case of pleurisy, we should not expect to remove the disease; or if we were to use those violent depletory measures in the more advanced form, which are usually used in the commencement of the disease, they would undoubtedly prove fatal. And I have no doubt that if they are properly used in Cynanche Maligna they will be found as useful as in any of the inflammatory diseases.

I think that there is no disease that I have ever seen, more universally fatal than this; though fortunately, I believe, so far as I have been able to observe, it is of

comparatively rare occurance.

It will be perceived that I have not gone into details as to remedies, but have spoken of them in a very general way. But I hope that my observations have been sufficiently minute to give a pretty good idea of the mode of treatment I have suggested.

I have seen this method tried in a number of cases and I am led to believe that it will prove to be almost universally successful, if judiciously applied